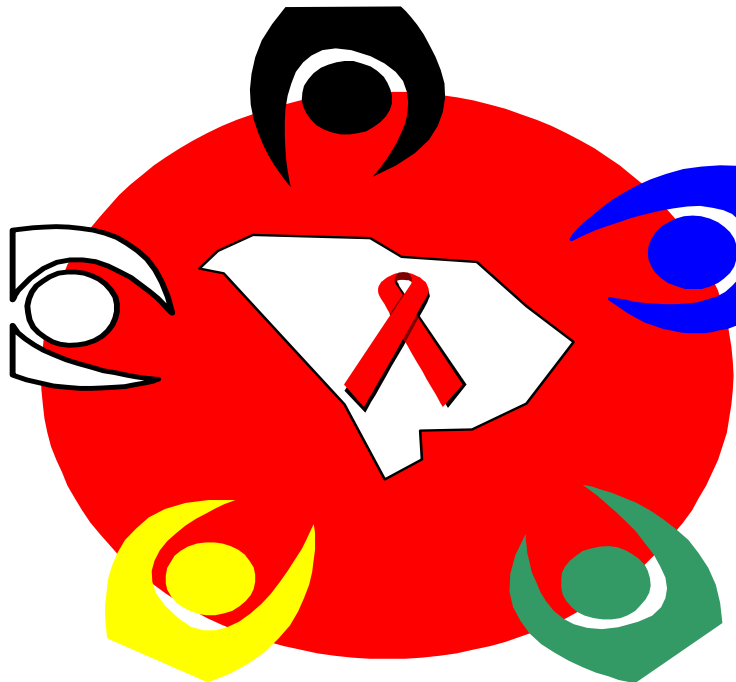


# MEMBERSHIP APPLICATION

*for the*

South Carolina HIV Prevention Community  
Planning Group



*in collaboration with the*  
South Carolina Department of Health & Environmental Control



All information provided on this form will be kept **CONFIDENTIAL**.  
(Please print or type)

**South Carolina HIV Prevention Community Planning Group  
MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**HOME CONTACT INFORMATION**

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

*Jurisdiction Type:*

- Urban Metropolitan Area - The presence of an ***urbanized area\**** and a total population at least 100,000. See also definition of urbanized area.  
United States Census Bureau

- Rural Area - The population and territory outside any ***urbanized area\**** with a decimal census population of 2,500 or more. See also definition of urbanized area.  
United States Census Bureau

- Urban Non-Metropolitan Area - The presence of an ***urbanized area\**** and a total of less than 100,000. See also definition of urbanized area.  
United States Census Bureau

***\*Urbanized Area*** – An area consisting of central place(s) and adjacent urban fringe that together have a minimum residential population of at least 50,000 people and generally an overall population density of at least 1,000 people per square mile of land area.  
United States Census Bureau

(Area Code) Telephone Number: \_\_\_\_\_

(Area Code) Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**WORK CONTACT INFORMATION**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County: \_\_\_\_\_

*Jurisdiction Type:*

- Urban Metropolitan Area - The presence of an ***urbanized area\**** and a total population at least 100,000. See also definition of urbanized area.  
United States Census Bureau

- Rural Area - The population and territory outside any ***urbanized area\**** with a decimal census population of 2,500 or more. See also definition of urbanized area.  
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United States Census Bureau

**Work Contact Information Continued –**

(Area Code) Telephone Number

(Area Code) Fax Number:

E-mail Address:

**I. EDUCATION:**

Name and Location of School	Highest Education Level Achieved (Diploma, Certificate, Degree)	Major/Minor
Ex: Eau Claire High School Columbia, SC	Diploma	Not Applicable (NA)

**II. GENDER (Select one):**

- ☐ Female
- ☐ Male
- ☐ Transgender

**III. RACE/ETHNICITY (Select one):**

- ☐ African American/Black (not Hispanic)
- ☐ White/Caucasian (not Hispanic)
- ☐ Hispanic/Latino
- ☐ Asian/Pacific Islander
- ☐ Native American/Alaskan Native
- ☐ Other (Please specify):  
\_\_\_\_\_  
\_\_\_\_\_

**IV. SOCIOECONOMIC STATUS (Select one):**

- ☐ < \$10,000
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ > \$74,999

**V. REPRESENTATION OF HIV EXPOSURE:**

**A. HIV Status (Select one):**

- ☐ Positive
- ☐ Negative
- ☐ Unknown

**B. Sexual Exposure (Select one):**

- ☐ I have never had sexual intercourse.
- ☐ Man who has Sex with Men and Women
- ☐ Woman who has Sex with Women and Men
- ☐ Man who has Sex with Women
- ☐ Woman who has Sex with Men
- ☐ Man who has Sex with Men
- ☐ Woman who has Sex with Women
- ☐ Undeclared

**C. Drug Exposure (Check all that apply):**

- ☐ Not Applicable
- ☐ Alcohol User
- ☐ Recovering Alcohol User
- ☐ Injection Drug User
- ☐ Recovering Injection Drug User
- ☐ Crack or Cocaine User
- ☐ Recovering Crack or Cocaine User
- ☐ Other (Please specify):  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Recovering Other (Please specify):  
\_\_\_\_\_  
\_\_\_\_\_

### QUESTIONS

1. Briefly describe why you are seeking membership on the SC HIV Prevention Community Planning Group?
2. Briefly describe your HIV prevention experience in your local community.

I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified for membership on the South Carolina HIV Prevention Community Planning Group.

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Signature

Date

Parental, guardian consent (If applicant is a minor)

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Signature

Date

### OPTIONAL

If you choose, you may include a resume, letter of reference, and/or list persons we may contact who will speak favorably for you.